# Disclaimer – please use common sense:

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Dear Doctor,

Your patient, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, wishes to start a personalised exercise program. This program may include cardiovascular, resistance and flexibility training.

If your patient is taking medications that will affect their ability to take part in the above activities please indicate the manner of the effect (eg, raises/lowers heart rate/blood pressure etc).

Medications:

Effect:

Please identify any recommendations or restrictions that are appropriate for your patient in this exercise program:

Sincerely,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has my approval to begin an exercise program with the recommendations or restrictions stated above.

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Physician Name Physician signature Date Phone